

**INTERNATIONAL
SOCIETY OF
NEPHROLOGY
BIENNIAL REPORT
2011-2013**

ISN



Advancing Nephrology Around the World



ISN

About ISN

Since its foundation in 1960, the International Society of Nephrology (ISN) has pursued the worldwide advancement of education, science and patient care in nephrology.

The Society represents a wide international network and provides an efficient platform for timely scientific exchange, debate and dissemination between healthcare professionals around the world. It is also dedicated to addressing the disparity between the developing and developed worlds in the research, diagnosis, treatment, and prevention of kidney disease.

The ISN has 10,000 professional members from 130 countries. In addition, it closely collaborates with over 70 national and regional nephrology societies worldwide, representing about 20,000 professionals.

The ISN continues to develop and consolidate several programs, initiatives and partnerships that will help to accomplish its two overarching goals: reducing the incidence and impact of kidney disease worldwide, and making the society a leading international organization for all issues related to the science and practice of nephrology.

ISN also strives to advance nephrology worldwide through the help of its membership, publications, meetings, ISN Global Outreach Programs, as well as concerted efforts such as World Kidney Day.

This ISN Biennial Report reflects on the Society's successes in the past two years and highlights how it is helping advance kidney care on a world scale.

Vision

The International Society of Nephrology aspires towards the elimination of kidney disease worldwide.

Mission

The International Society of Nephrology (ISN) is dedicated to advancing the diagnosis, treatment, and prevention of kidney diseases in the developing and developed world.

It will achieve this philanthropic mission through collaborations, meetings, publications, outreach, and other activities that:

- Raise public awareness of the importance of early recognition and treatment of kidney diseases.
- Connect professionals interested in kidney and related diseases around the world.
- Support research to achieve optimal care of people with kidney diseases.
- Provide nephrology education and training worldwide, and ultimately:
- Reduce the frequency and impact of kidney diseases and their associated conditions.

Values

The International Society of Nephrology:

- Values new knowledge and is committed to excellence in research, education, and patient care in the developed and developing world.
- Will always act in a way that is politically neutral, humanitarian, and culturally diverse.
- Values collegiality and interaction and is committed to diversity in membership, governance, committee structure, and programmatic activities.
- Is committed to the scientific basis of nephrology and to advancing knowledge across all geographic, national, racial, religious and economic conditions.
- Values the needs of nephrologists and their patients and is committed to achieving optimal standards of care worldwide.

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To our members and stakeholders: **A message from the President and Secretary-General**

ISN is a large vibrant global society, in many ways like an extended family, already active and growing on so many fronts. As we look back over the last two years we can report many good things which have been continuing, as well as some exciting new initiatives.

The achievements of ISN over the last two years are captured in the twin goals of *diversity and sustainability* which were the theme of WCN 2011 in Vancouver, and continue to be for WCN 2013 in Hong Kong.

As a global organization, ISN naturally puts a focus on *diversity*. Our members are very diverse, from a number of perspectives: they represent a spectrum of gender, age, geography and ancestry - but also have enormously diverse needs in terms of education, research, and access to information; and how they view ISN's role in helping the development of nephrology within their own regions and countries around the world. We have been increasingly sensitive to this diversity in the way we teach and train and help build capacity. And from the *sustainability* point of view – ISN is committed to sustainable changes in nephrology practice, research and education. We want nephrology to grow and develop, and to promote permanent changes in nephrology, which improve the care of people with kidney disease all over the world. This can only be done through collaborations and building the support systems around the world.



A focus of the last two years has been our work to ensure that chronic kidney disease (CKD) is understood as a major non-communicable disease (NCD). This started with our successful efforts to have kidney disease identified as a significant NCD in the Political Statement of the United Nations High Level Meeting in September 2011, a result of the determination of many ISN leaders around the world who lobbied their health ministers to write in support of the significance of CKD. But we have also worked to help ISN members be more effective locally, influencing their government's health agenda to get kidney disease and its importance understood. An ISN CKD Policy Task Force recently published a document designed to help nephrologists who have the opportunity to influence health policy on kidney disease. Through the Global Outreach (GO) Clinical Research & Prevention Program we continue to support ISN members in the developing world in gathering local prevalence data about CKD, which help to influence health policy.

ISN has also worked hard over the last two years to increase recognition of the importance of acute kidney injury (AKI) as a global health problem which is often preventable and treatable. We chose AKI as the theme for World Kidney Day 2013. ISN's recent initiative for AKI known as *Saving Young Lives* (described in more detail on page 18), is supporting the establishment in the developing world of sustainable programs of care for AKI including acute peritoneal dialysis.

ISN's Global Outreach (GO) programs remain at the heart of ISN's efforts in the developing world and also deliver on the two themes of diversity and sustainability. Firstly because we recognize, that whenever we are giving support through the GO programs, we must be careful to tailor our efforts to meet those diverse needs. Secondly, because our planning brings with it a commitment to sustainability. For example, ISN GO programs will train young fellows to return to their own country. We want those fellows to go back and make a sustained difference.

Alongside that, the ISN GO Sister Renal Center Program will support a nephrology center in the developing world by linking it to a center in the developed world; and where possible there are linkages between fellows and sister centers. This dynamic and iterative process of growth and outreach exemplifies the core of ISN and GO programs. And we use our CME and Educational Ambassador programs strategically to build on those foundations. The goal is sustainable change, a permanent effect on nephrology capacity and the treatment and care of people with kidney disease. The success is often self-evident, for example in the nephrology leadership provided by ISN fellows after they return to their home countries, or transformation through the Sister Renal Center program of centers with limited resources and expertise which have gone on to become independent centers which mentor other centers nearby. The GO Core Committee have been very active over the last two years in obtaining objective assessments of the impact of GO programs, as further testimony to the commitment to transparency and accountability of the programs.

ISN recognizes the value of partnerships and collaborations in achieving our goals, and over the last two years we have continued to build diverse and sustainable relationships to assist our progress.

ISN had been working with the World Health Organization (WHO) for several years; since January 2012, ISN has established 'official relations' with WHO. This means that ISN is the one international NGO to which WHO turns for advice and opinion about kidney health and kidney disease, giving greater opportunities than ever before for ISN to influence global health policy, and represent the diverse challenges of nephrology on the world stage.

World Kidney Day, ISN's partnership with the International Federation of Kidney Foundations, continues to go from strength to strength as a global advocacy day for kidney health.

ISN has continued its partnership with The Transplantation Society (TTS) in the Declaration of Istanbul standing firmly against transplantation tourism and organ trafficking. We have also launched a new ISN-TTS Sister Center program supporting the development of kidney transplantation in the developing world.

ISN's *Saving Young Lives* initiative is another example of partnership increasing our effectiveness, working with IPNA, the International Pediatric Nephrology Association; ISPD, the International Society for Peritoneal Dialysis; and with SKCF, the Sustainable Kidney Care Foundation.

Education and training remain at the heart of ISN's mission, provided through many channels including meetings (WCN, Nexus, and Forefronts), journals (Kidney International and Nature Reviews Nephrology) and our many GO CME programs each year. But a major development since 2011 has been the successful launch of *ISN Education*, our online education program which is already offering an impressive array of lectures, case discussions, videos and other images covering aspects of nephrology important in all parts of the world. Optimizing our website, and using technology, social media and the talents of ISN membership, the new educational offerings have been a great addition to ISN activities.

Another very important recent change, which may have been invisible to most ISN members, has been our move to self-management, which was completed in January 2012, under the most capable direction of Luca Segantini, the ISN Executive Director. Rather than obtain management services on a fee-paying basis from a third party, we now directly recruit our own staff and have established our own office in Brussels, Belgium.

This has enabled the development of an excellent, highly committed team, and has made our 'back office' much more cost-effective, so that more resources can be spent directly on ISN programs.


The ISN continues in good health, adapting to changing medical, scientific, political and economic environments. Of course we hope to expand our many programs and start new ones, all within the context of diversity and sustainability. We appreciate the challenges as we seek to find new sources of revenue, as well as grow our membership, and maintain our other traditional revenue streams through our meetings and journals.

As ISN moves into a new phase under the Presidency of Giuseppe Remuzzi, we thank the many ISN members who continue to give most generously of their personal time and effort to ensure that the ISN continues to uphold high standards of education, research and advocacy throughout the world.




Adeera Levin
ISN Secretary General




John Feehally
ISN President (2011-2013)



A message from the Executive Director

This has been another busy and exciting two years for the International Society of Nephrology (ISN), and our Executive Committee, Council, Committee chairs, members and staff. They all worked hard to develop and launch several important new initiatives, despite a challenging global economy and during a phase of important change for the Society.

Internally, we have made great progress in transitioning to a self-managed ISN, hiring our own staff, settling down in our Brussels, Belgium and Cranford, New Jersey offices and reviewing our internal processes to leverage the most efficient technologies. We now have a professional team who can support and advise our Leadership in how to implement the numerous programs and activities that characterize the ISN. Since this effort began in 2010, we have recruited a team of 14, setup a new ISN Foundation in Brussels and managed to save on administration costs despite the setup and increase in staff compared to previous years.

But more importantly, we believe we have expanded our ability to serve our members well. When asked what exactly it is we do as a medical society, my answer is, “We do good for those who do good” — we help nephrologists so that they can help their patients.

As this report demonstrates, all committees and service areas of the Society are working together to expand and improve ISN’s unique mix of scientific and humanitarian programs and activities. A few significant successes during the last couple of years have been ISN Education, our web-based collection of resources that became the buzzword among nephrologists worldwide, almost doubling visits to our websites in less than one year; our Leadership Retreats, involving ISN leaders and senior staff, have managed to lay the strategy that will ensure ISN stays meaningful to its members and remains a leading force in the development of global kidney care; a few, significant partnerships have been strengthened with partner societies, such as the International Society for Peritoneal Dialysis, the guidelines group KDIGO, and the International Pediatric Nephrology Association.

I am truly grateful for the ongoing support to my work of all ISN leaders and staff members. I look forward to continuing to work with all of you to create an even more dynamic and influential International Society of Nephrology, that is well-positioned to meet the challenges of the next years.



Luca Segantini
ISN Executive Director





Global Outreach (GO) Programs

Non-communicable chronic diseases, including cardiovascular disease, hypertension, diabetes mellitus and chronic kidney disease (CKD), have replaced communicable diseases as the leading threat to public health and health budgets worldwide. The ISN works to alleviate this growing socio-economic burden through a portfolio of global initiatives to enhance nephrology through education and research.

The ISN's Global Outreach (GO) Programs remain at the very core of the Society's purpose – dedicated to meeting the educational and training needs of those committed to the care of people with kidney disease in the developing world. ISN GO encompasses all of the major ISN Global Outreach programs:

- Continuing Medical Education (CME) and site visit activities
- Sister Renal Centers (SRC)
- Fellowships
- Research and Prevention
- Educational Ambassadors

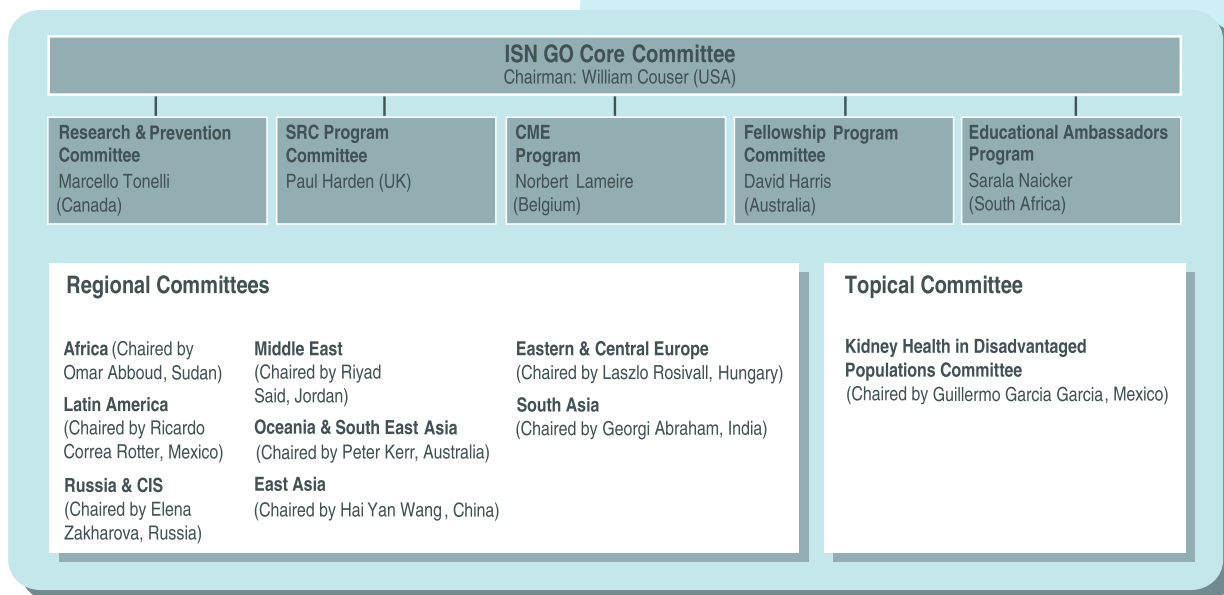
This comprehensive integration of activities has helped promote the necessary synergy between programs over the past years. During 2011-2012, the ISN leadership realized that more impact on specific countries within regions of the developing world could be achieved by integrating two or more of the GO programs into a long-term plan.

ISN is also deeply engaged in delivering a long-term, multi-country project, "Saving Young Lives", working with a number of partner organizations to establish sustainable programs for management of AKI including acute peritoneal dialysis in low resource settings. This is a new template for ISN and hopefully will provide the perfect example of how funding can come from external sources to support GO Programs in the developing world.

Program	Budget 2010	Budget 2011	Budget 2012	Budget 2013	Received applications (total for 2011 - 2012)	Successful applications (2011 - 2012)	Active now (end 2012)
Fellowship	660,000	668,000	674,000	674,000	121	92	29
Sister Renal Centers	210,000	264,000	283,500	283,500	20 new and 40 for upgrade	16 new and 16 upgrades	34
CMEs	255,000	263,000	328,000	318,000	104	100	
Research & Prevention	100,000	108,000	153,000	153,000	38	15	7
Educational Ambassadors	30,000	48,000	75,000	75,000	40	38	14
TOTAL	1,255,000	1,351,000	1,513,500	1,503,500			

Organizational Structure

As of April 2013, the GO organizational and leadership structure is as follows:



Fellowship Program

The ISN GO Fellowship Program, currently directed by David Harris from Australia, has been a major source for trained nephrologists in developing countries for over a quarter of a century. It has often trained individuals who have gone on to be key leaders in both nephrology and medicine, frequently initiating the first clinical and training programs in their own countries.

The Program offers two types of Fellowships:

- Long-term awards (7–12 months)
- Short-term awards (2–6 months)

The guiding principle of the program is that Fellows are required to return to their home countries after their training to convey knowledge and experience that they acquired during their Fellowship, thereby teaching countless young physicians and providing critical enhancement to kidney disease care in their local communities.

During 2011-2012, ISN continued to focus on developing existing and new partnerships between the Fellowship Program and other societies and sponsors. This initiative has increased the total value of the Fellowship Program substantially, allowing many more fellowships to be awarded. Existing partnerships have continued with the American Society of Nephrology, Kidney Research UK, Chinese American Society of Nephrology, Hong Kong and Chinese Societies of Nephrology, University of Michigan, Asian Pacific Society of Nephrology, European Renal Association - European Dialysis and Transplant Association (ERA-EDTA) and Cross Regional Education and Exchange in

Dialysis (CREED). In the first half of 2011, ISN initiated new partnerships with Sociedad Latinoamericana de Nefrología e Hipertensión (SLANH) and the International Pediatric Nephrology Association (IPNA). In addition, more emphasis was placed on intra-regional fellowship training that allows a fellow to train in an approved center within the region thus ensuring more clinical contact with patients and a setting that is more compatible with the cultural and language needs of the fellow. In 2012, 35% of fellowship awards were intra-regional.

At the time this report was written (April 2013), there were 29 Fellows in training. Since its beginning, the ISN Fellowship program has trained over 600 fellows from developing countries.

Fellowship Chair, David Harris, comments on the impact of the Program, published in *Kidney International Supplements* in 2012:

"We were surprised at just how many of the trainees had gone on to leadership positions within a few years of their fellowship; 60% within their hospital, almost 30% within their country and 7% at an international level. Almost a third of fellows had been invited to deliver lectures overseas and more than a third had received national or international awards."

Source: Training nephrologists from developing countries: does it have a positive impact? David C H Harris, Sophie Dupuis, William G Couser and John Feehally *Kidney International, Suppl. 2: 275-278; doi:10.1038/kisup.2012.32*

A Fellowship / SRC success story

Thanks to the ISN Fellowship Program, Charlotte Osafo from Ghana got a better understanding of medicine and general nephrology and acquired new knowledge and skills in peritoneal dialysis and kidney transplantation, which were not available in her home country.

“Through one of the meetings I attended as an ISN Fellow, I realized that if we did not start our own transplant program, sooner or later our dialysis program would not be able to cope with the increasing number of patients,” she explains.



The SRC partnership between the Korle-Bu Teaching Hospital in Accra, Ghana and the Queen Elizabeth Hospital in Birmingham, UK made this possible. Surgeons, nephrologists and other supporting staff worked closely to bring transplantation to the institution in Ghana. Managing complex renal cases was made easier by sharing knowledge and helped save lives.

Now, the future looks bright. “We hope to achieve level A status in the SRC program soon and become one of the best renal centers in the region so other people from developing countries can learn from us and we can offer post graduate training in nephrology and transplantation to West Africa and other developing regions,” she adds.

Sister Renal Centers Program

The Sister Renal Centers (SRC) Program, chaired by Paul Harden in the UK, links renal units in the developing world with centers of excellence in the developed world. Providing educational support and guidance, it aims to create self-sufficient renal centers in poorer countries that can do nephrology training and research and boosts renal care in developing countries through close mentoring and exchange with established centers of excellence.

Due to the increase in funding for the pairs involved in the program, the SRC program has considerably augmented its impact in the last two years.

Since 2011, five more pairs graduated from the Program. In 2011-2012, 35 emerging centers from 33 countries were supported. Three centers graduated in 2011 and two in 2012. At the end of 2012, there were 34 active partnerships (7 A-levels, 10 B-level, 17 C-level).

The newly designed SRC Trio Program, which encourages graduating pairs to provide a combined supporting role for a new emerging center within the same region, has significantly contributed to this progress. Since the first trio (Belarus – Lithuania – Belgium) was organized in 2010, in 2011-2012 five additional SRC trios were added, involving countries such as Russia, Germany, Belarus, UK, China, USA, Nepal, Italy and India.

ISN SRC Program Chair Paul Harden: “Trio partnerships between Lithuania and Belarus are working extremely well. Within 18 months, eight clinicians from Brest each spent two weeks in Kaunas including nephrologists, transplant surgeons and vascular access surgeons. It’s all going well and I hope we can help catalyze similar activity across Russia and other CIS States.”



Research & Prevention Program

Since its creation, the ISN GO Research and Prevention Program, currently chaired by Marcello Tonelli (Canada) who took over from the program founder Giuseppe Remuzzi (Italy) in 2012, has influenced the lives of many patients. Particularly through its Program for Detection and Management of Chronic Kidney Disease, Hypertension, Diabetes and Cardiovascular Disease in developing countries (KHDC), it has helped high risk individuals in rural communities get screened and treated for chronic kidney disease. Another major purpose of the program is to develop a sustainable research infrastructure in institutions that have not previously been doing research by awarding grants for worthy projects.

The table below shows the breadth and geographic spread of projects supported by the Program.

Blantyre, Malawi	A population based screening and prevention program for chronic kidney disease and associated non -communicable diseases in Blantyre, Malawi
Beijing, China	The impact of income and education level on the outcome in patients on peritoneal dialysis in China: A multi-center retrospective cohort study
Bangkok, Thailand	Primary prevention of CVD in Pre-diabetic & Pre-hypertensive subjects using multiple risk reduction managements: A multi-center, double-blind, randomized controlled trial
Cairo, Egypt	A cohort study on the prevalence, patterns and outcomes of HCV-related kidney disease among infected patients
Lima, Peru	A comparative study of risk factors for renal and cardiovascular disease in populations at sea level (Lima; Peru) and high altitude (La Paz; Bolivia)
La Paz, Bolivia	Development of a sustainable telehealth system for follow-up of chronic kidney diseases in inaccessible rural and poor urban areas in Bolivia
Congella, South Africa	The role of MYH9 mutations in the development of focal segmental glomerulosclerosis in South African children with idiopathic steroid resistant focal segmental glomerulosclerosis and HIV related nephropathy
Ile Ife, Osun State, Nigeria	A study on the effectiveness, safety and practicability of alkali therapy in chronic kidney disease patients in a resource-constrained environment
Kumasi, Ghana	10 year follow up of cohort of 1,013 40-75 year olds in 12 village communities in the Ejisu-Juabeng and Kumasi Districts: observations on changes in GFR and blood pressure
Durban, South Africa	The effect of HIV infection on the management of renal failure among patients undergoing peritoneal dialysis
Thailand	Effectiveness of Community-Based Integrated Care versus Conventional Care Program on Delaying CKD Progression in Rural Communities of Thailand
Moshi, Tanzania	Chronic Kidney Disease Awareness, Screening, and Prevention Among the General Population of the Kilimanjaro Region, Tanzania
Johannesburg, South Africa	Susceptibility of HIV positive individuals to HIVAN is influenced by variations in MYH9, APOL 1 and Nphs2 genes in the presence of additional environmental insults
Kolkata, India	SSCARE - Screening School Children for Asymptomatic Renal Abnormalities and Evaluation

In addition to the support of individual research grants, the Research and Prevention Committee also maintains the Kidney Disease Data Center (KDDC) at its headquarters in Bergamo where data on over 60,000 patients originally detected during a KHDC screening program are now being collected longitudinally to assess the impact of early detection and treatment on outcomes of CKD. The KDDC has also been central to implementing joint research projects with the World Health Organization (WHO) in fulfillment of ISNs obligations as the only renal organization designated as in official working relations with the WHO.

The Research and Prevention Committee was also selected as the renal organization to complete the first review of the global economic and health burden of kidney disease for the Global Burden of Disease 2010 project involving a consortium of institutions sponsored by the Bill and Melinda Gates Foundation. The results of GBD 2010 were published in a series of papers in the Lancet in December 2012 that included several members of the Research and Prevention Committee as authors.

A Research & Prevention / SRC success story

In April 2012, thanks to a great sister center renal partnership in Bolivia and an ISN research and prevention grant, a telehealth system was set up to provide better follow-up care for kidney patients in rural areas. A pool of nephrologists at the Instituto de Nefrología in La Paz now provides remote long-term kidney care to patients in Renal Functional Units at peripheral centers across the country.

It is a life-changing opportunity for patients who can now be followed in their own region without having to leave family and work. The project will also have a positive social and economic impact on these communities. In the peripheral centers, non-specialist physicians carry out follow-up visits according to instructions they receive from specialists at the main center in La Paz. They also perform patient evaluations and data collection on their behalf. Data is collected through an electronic health record system, available in real-time to nephrologists at the headquarters.

The telehealth network is now active in three provinces within the La Paz region, including Sorata, Corpa, and Caranavi. It is also helping patients in a marginal-urban-area of the Santa Cruz region. Following the success of the project, other centers in Bolivia are now interested in getting involved in this initiative.

Educational Ambassadors Program

The Educational Ambassadors Program (EAP), chaired by Sarala Naicker in South Africa, was officially launched in 2009 with the goal of enabling expert volunteer trainers (ambassadors) to respond to applications from developing centers and visit for a period of one to four weeks to deliver hands-on training or help develop new clinical services, community-based research or screening programs. The EAP provides an invaluable opportunity for personal involvement by ISN members. Today more than 123 ISN members have volunteered to become ISN Educational Ambassadors.

Educational Ambassadors Program success story

Being an ISN Educational Ambassador is a rewarding experience for ISN members and local doctors in developing countries. "It was great to watch residents carry out ultrasounds on their own patients at the end of the course," says Charles O'Neill from Emory University, USA. Last November, he gave an interventional nephrology course to trainees and residents at the General Hospital Yaounde, Cameroon.

Gloria Ashuntantang welcomed O'Neill to the hospital: "Thanks to the commitment of the trainer, we got in-depth and hands-on training in areas of nephrology where local competence is not available." For nephrology trainees, the program offers a great opportunity to meet and exchange with experts at no cost and develop ties with them for the future. The program greatly compliments nephrology training programs in developing countries. She adds that: "trainees in Cameroon can now carry out their own KUB scans to help reduce waiting time and improve patient care." The strength of this program is that training takes place locally and in a familiar environment.





Continuing Medical Education (CME) Program

Through ISN's CME program, led by Norbert Lameire (Belgium), the Society brings essential teaching and training to some 12,000 doctors and health care practitioners in the world each year. The CME Program enhances the exposure of medical professionals to formal nephrology education. A typical CME utilizes three ISN-sponsored speakers, often ISN leaders, to give a minimum of two lectures each during a day-long educational event. Some CMEs are stand alone while many are incorporated into larger local and regional meetings to increase the number of physicians who can attend.

Programs typically focus on:

- Clinical Nephrology (including acute kidney injury, diabetes, hypertension, glomerulonephritis, kidney in cardiovascular disease and other topics)
- Critical Care Nephrology
- Prevention of CKD
- Translational Nephrology
- Hemodialysis
- Peritoneal Dialysis
- Transplantation
- Renal Pathology
- Tropical Nephrology

CME program activity in 2011-2012

	2011	2012
Africa	8	6
East Asia	6	7
EC Europe	5	5
Latin America	10	6
Middle East	5	2
OSEA	3	5
Russia CIS	5	7
South Asia	9	11
TOTAL	51	49

ISN launched the ISN GO Regional Workshop in 2011, with one meeting taking place in each region every two years. The first cycle of eight Regional Workshops was completed in December 2012, and the second cycle already began in 2013. Workshops were added to scheduled CMEs or regional meetings. Each workshop is planned by ISN GO leadership and the chairs of the Regional Committees and runs for two to three hours.

The workshops are open to all and include a review of ISN GO programs available in the region and an open question and answer session designed to obtain on site feedback from individuals in the region on how the programs can better meet their needs. These workshops provide a unique opportunity for leaders of ISN GO programs in each region (Regional Committees, Fellowship, Sister Renal Center, CME et al) to plan a coordinated approach for the next two years in their area. The table below shows GO Workshops which took place in 2011- 2012.

Region	Event	Date
Africa	AFRAN meeting, Dakar, Senegal	January 2011
Latin America	SLANH meeting, Cartagena, Colombia	August 2011
Russia CIS	Russian "Renal Week" meeting, Moscow	November 2011
Middle East	ISN Update Course, Dubai, UAE	December 2011
Eastern & Central Europe	ERA -EDTA meeting, Paris, France	June 2012
East Asia	Chinese Society of Nephrology meeting,	October 2012
OSEA	Chengdu, China ISPD meeting, Kuala Lumpur, Malaysia	September 2012
South Asia	Indian Society of Nephrology, Ahmeda India	December 2012

The Future

In 2013-2015, a few changes in ISN GO leadership will take place: William Couser, after having spent six very productive years as GO Chair, will leave the Programs in the capable hands of John Feehally (former ISN President 2011-2013). ISN is much indebted to Dr. William Couser for his contribution and for having positioned the GO Programs as the most effective and impactful global development program in nephrology.

Another important change will also happen in GO leadership: After six years of organizing, and often teaching, in 50 CMEs each year, Norbert Lameire will step down as CME chair, and transition his duties to Fredric Finkelstein from the US, who will continue to develop the CME program as the main source of experts for educational meetings worldwide.

In the next couple of years, ISN leadership will further refine the GO programs based on measurable indicators of impact and success collected and analyzed during 2012-13, which will be helpful to increase external funding. More integration across the different GO programs will also be pursued, resulting in an increased impact in specific countries or regions, and in an enhanced collaboration with local nephrology societies. Finally, ISN staff will completely re-design GO support operations, taking advantage of web-enabled tools to ensure that the Programs continue to be managed in an efficient way and funds distributed promptly and transparently.



William Couser
 ISN GO Committee Chair
 (2007 - 2013)

ISN – World Health Organization Initiative

January 2012 marked ISN's acceptance into official relations with the World Health Organization (WHO), one of 182 non-governmental organizations to have this status. ISN and WHO have agreed a three-year work plan for joint activities as follows:

Joint research project

This includes the estimation of 10 year cardiovascular risk using WHO/ISH charts in selected low- and middle-income countries from the ISN KDDC database. To this purpose the KDDC team in Bergamo has set up an electronic system to adapt the WHO/ISH risk charts (according to the different WHO regions) to the database. Initial analysis of the available KDDC datasets related to 13 developing countries have been sent to Dr Mendis. It remains to examine, together with WHO, the suitability of the available KDDC data to implement the current WHO/ISH charts by including renal disease markers to improve health outcomes.

Joint workshops and site visits

The aim is to organize joint ISN/WHO workshops in a low and middle-income country, where ISN has well established prevention programs with an organization involving primary care setting. These workshops will also provide the opportunity of site visits for WHO representatives to assess the applicability of the ISN early detection and intervention programs in these countries.

Beside this formal plan, ISN strengthened the relationship with WHO by co-authoring a position paper on "The contribution of chronic kidney disease to the global burden of major non-communicable disease" published in *Kidney International* (W Couser et al, 80:1258, 2011). Moreover, ISN succeeded in the recognition by WHO of a role for kidney disease among non-communicable disease in the document discussed at the UN assembly in September 2011 and approved at the WHO assembly in May 2012. This concept has been reinforced during the World Health Assembly in Geneva, May 2012, where ISN representatives read a statement made under Technical and Health Matter Agenda Item 13.1. In addition, the ISN President John Feehally met on July 2012 the new Director General for non-communicable disease & mental health Oleg Chestnov, and presented him the global mission and the activities of our Society with special attention to emerging countries.

Given the increasing involvement of ISN in reviewing WHO documents, and the request to participate in the WHO meeting in Geneva, a dedicated ISN-WHO interaction group has been recently approved by the ISN Executive Committee, which include Philip Li, Saraladevi Naicker, Norberto Perico, and Marcello Tonelli.

We are very pleased, as a further sign of ISN's maturing relationship with WHO, that Dr. Margaret Chan, the Director General of WHO provided a video message of support for WCN 2013.





World Kidney Day Kidneys for Life

March 14th, 2013 marked the eighth World Kidney Day – a day of global action which successfully brought together patients, medical professionals and government health authorities to raise awareness of the dangers of kidney disease. Since its inception, World Kidney Day has grown dramatically from just a handful of events in 11 countries, to become the most widely celebrated event focused on kidney health around the world.

This year World Kidney Day was celebrated in 157 countries, with the most active of those being the USA, India, Canada, UK, Malaysia, Thailand, and Brazil. In many countries the World Kidney Day campaign catalyzed meetings between patients and health authorities to improve early detection and treatment for this silent killer. A testimony to the campaigns success is the fact that it now enjoys the participation of the Ministry of Health in more than 25 countries. WKD is also now officially recognized by the European Medicines Association, the US Centers for Disease Control, and the US National Institutes of Health. Nephrologists and health care workers showed up in droves with more than 542 events bringing awareness and education to the public.

To drive the global campaign, this year saw the launch of a new and improved global hub: www.worldkidneyday.org. The website stepped up a notch with a whole new look and feel and a fully integrated social media presence. The new site has an interactive Google map showing WKD events around the globe, and a WKD global photo album, where viewers can upload and share their events with the click of a button. We invite you to join 'friends' and 'followers' from around the world who interact with WKD via Facebook and Twitter. In addition, World Kidney Day enjoys global media coverage with reports on the BBC and NBC, and is covered by local news in each of the participating countries.

2013: STOP Kidney Attack! Protect your kidneys!

In 2013 WKD focused on Acute Kidney Injury. In recent years the nephrology community has been joined by other medical colleagues in recognizing the urgent need to increase awareness about AKI amongst physicians and hospital staff. It has also urged for a more public awareness campaign which could demystify this dangerous condition and make it recognizable to the public in a similar way that heart-attack or stroke campaigns have done.

AKI is inadequately addressed in clinical education and training programs, and largely neglected in public awareness and research programs. The consequences are missed opportunities to mitigate risk, delayed diagnosis, poor management and increased lengths of hospital stay that contribute to spiraling health care costs.

By focusing on AKI, ISN and IFKF together with the World Kidney Day Steering Committee hoped to raise awareness of AKI and stimulate discussion, education and policy development leading to improved prevention and treatment of this major kidney disease across the globe.





2012: Donate – Kidneys for Life – Receive

In 2012, World Kidney Day focused on the life-saving technique of Kidney Transplantation. The indisputable reality of increased quality of life and cost-effective treatment offered by transplantation therapy was highlighted, along with the message of the urgent need to increase the number of organs available for transplantation.

To achieve this, ISN partnered with The Transplantation Society for the campaign, and the WKD Steering Committee welcomed a TTS representative in its ranks.

Celebrated on the second Thursday in March, World Kidney Day is a joint initiative of the International Society of Nephrology (ISN) and the International Federation of Kidney Foundations (IFKF). Members of the World Kidney Day Steering committee for 2012-2013 are:

John	Feehally	UK	Co -Chair, ISN
Miguel	Riella	Brazil	Co -Chair, IFKF
William	Couser	USA	ISN
Georgi	Abraham	India	ISN
Paul	Shay	Canada	IFKF
Guillermo	Garcia	Mexico	IFKF
Timur	Erk	Turkey	IFKF
Philip Li	Li	Hong Kong	ISN
Jeremy	Chapman	Australia	The Transplantation Society

Saving Young Lives Project

Starting in 2012, ISN joined forces with IPNA, ISPD and SKCF to develop an exciting new cooperative project in Africa and South East Asia. Called 'Saving Young Lives' (SYL), its goal is to establish sustainable programs in low resource settings for the management of acute kidney injury (AKI) including acute peritoneal dialysis (PD).

Children and young adults continue to die in large numbers in the developing world as a direct result of acute AKI, which in many cases is a preventable and treatable condition with few if any long-term health consequences. The most common causes continue to be volume depletion following acute gastrointestinal infections, and malaria, as well as obstetric complications. Much of AKI is preventable with simple treatments including fluid replacement in the home or in a local healthcare facility. For those who require specialist care in hospital, acute peritoneal dialysis (PD) is ideal because of its technical simplicity.

ISN, IPNA, and ISPD contribute their expertise to the SYL project in providing education, training, and capacity building – but these three organizations are not involved in helping to meet the direct costs of patient care. It is SKCF, the Sustainable Kidney Care Foundation, which is using its expertise and resources to ensure that PD catheters and PD fluid are made available in the centers, and that provision of these supplies is sustainable.

SYL is an ambitious project – not only are we helping to establish hospital centers offering acute PD in very low resource settings, we also intend to focus on training and education in the community to improve awareness of AKI, and equip local health practitioners for prevention and early care of AKI, as well as identify cases needing hospital care.

The SYL project has received five years of funding from a charitable foundation (2012-2016) and our goal is that the centers we are able to establish will provide a model for the development of similar programs in many other low and middle income countries across the world.

We are optimistic that this project will provide a template for sustainable AKI care which will be developed all over the world in low resource settings.



ISN World Congress of Nephrology (WCN)

Sustainability and diversity: Report on the World Congress of Nephrology (WCN) Vancouver

ISN celebrated its 50 year anniversary in 2011, which marked not only a historical point in time, but also an opportunity to celebrate the essence of the ISN vision: to ensure that the developed and developing world are united in the quest to ensure the best quality of education and science are applied to the care of patients with kidney disease.

The World Congress of Nephrology (WCN), held in Vancouver Canada, in April 2011, extended that vision by overtly recognizing the importance of sustainability and diversity as themes for the congress that mirror the essence of the activities of the ISN. Those themes permeated throughout the meeting, were celebrated in the venue itself, and were reiterated through the social and cultural events.

WCN is the international meeting where all concerned with world kidney health and disease can meet. Scientists, activists, and clinicians all come together to celebrate and deliberate on the state of kidney health and disease around the world. The theme choices of 'sustainability and diversity' were deliberate. The international community needs to overtly recognize that sustaining kidney function in individuals and populations, by responsible means is important. Furthermore, substantial diversity in implementation and research methods exists around the world: thus as an international community, it is important to acknowledge and celebrate that diversity. Kidney disease is a function of a multitude of problems, including low birth weight, malnutrition, exposure to environmental toxins, dietary indiscretions, and genetics. Acute kidney injury is recognized as an important contributor to chronic kidney disease in a multitude of circumstances. Diverse etiologies, diverse outcomes and diverse solutions to these problems must be recognized.

WCN 2011 celebrated all of these themes, maintained an international focus at all times, and included an environmentally responsible perspective. WCN 2011 was held in Vancouver, a city renowned for its commitment to the environment, nature and health. The meeting was held at the Convention Center, beautifully situated on the ocean harbor and adjacent to Stanley Park. The Vancouver Convention Center has earned a reputation as a highly acclaimed venue for ensuring 'sustainability' and environmental responsibility. Most of the signage was electronic, the delegate bags were made from recycled materials, as was the program booklet. The delegates were housed mostly within the downtown core, within walking distance of the convention



center, and no bus transport was required for the meeting. Where delegates needed transportation, local bus systems were welcoming and efficient. Local hosts involved in the renal community donated their time to the event: for delegate bag stuffing, ensuring that information booths were functional, home billeting of individuals from developing countries. Local artists contributed goods both in kind and actual wares, and an auction to raise money for ISN and the Japanese relief efforts was held.

The lunchtime educational sessions, generously supported by our industry partners, established not only an excellent venue for information transfer, but also sustained a group of needy individuals locally. All meals not consumed at the meetings were donated to the homeless and women's shelters locally so that they may be sustained. The left over waste from the meals was recycled in appropriately labeled containers.





WORLD
CONGRESS
OF NEPHROLOGY

**WCN
2013**

HONG KONG,
MAY 31 - JUNE 4, 2013

The WCN sustained the science and education of the current and future of nephrology. Over 5,100 people from over 100 countries attended. Many of the delegates were trainees and young faculty nephrologists. They were exposed to energy, interest and a sense of commitment that cannot be paralleled. The plenary lectures were selected also to promote that diversity of interest and talent. The opening lecture described the story of humankind, through mitochondrial DNA (Doug Wallace), Wendy Hoy described her lifelong work with aboriginal peoples in Australia, David Salant told the story of the discovery of breakthroughs in membranous nephropathy: a life's work showcased in a fantastic 40 minute talk, and David Sachs discussed tolerance in transplantation. A Karumanchi described the state of the art in our understanding of pre-eclampsia, Toshio Miyata and Masayuki Yamamoto were unable to attend due to the Japanese disaster, but their colleague, Masaomi Nangaku gave a moving recount of the disaster in Japan followed by a scientific discussion about hypoxia inducing factor. Robin Eady, the longest living transplant and previous dialysis patient personified the theme of sustainability and reminded the audience of the human implications of the science and clinical care we deliver. Fiona Karet described her scientific journey for better understanding of the genetics of kidney disease and tubular disorders. Leon Fine eloquently reviewed the history of nephrology by describing the 10 most amazing discoveries of the past and how they informed the future.

We showcased young nephrologists, the best abstracts and posters in the plenary and scientific sessions, and ensured that all of the speakers, spanned a range of ages, represented a balance of male and female scientists, and represented different aspects of our global community. The program delivered a fantastic wide range of topics which all ultimately mapped to the themes of sustainability and diversity, which are the core themes for the World Congress and the International Society of Nephrology.

Adeera Levin on behalf of Richard Johnson, Juergen Floege, Marcello Tonelli and Bernardo Rodriguez-Iturbe.

ISN World Congress of Nephrology 2013

WCN 2013 takes place from May 31 to June 4, 2013 in the dynamic city of Hong Kong. It is hosted by the Hong Kong Society of Nephrology (HKSAN) in partnership with the Asian Pacific Society of Nephrology (APSN) and once again the theme for the Congress is "Sustainability and Diversity" following on the success of WCN 2011 in Vancouver.

The commitment of ISN to the global advancement of nephrology is recognized in the development of the scientific program. Each theme has a co-chair specifically tasked with ensuring the content of the program includes topics addressing practical, social and economic challenges across diverse nations. The overall agenda allows for ample opportunities to hear 'cutting edge' research, to interact with experts in fields relevant to kidney disease and to communicate research findings to colleagues.

The scientific themes for WCN 2013 are 1) Aetiology and Pathogenesis of Kidney Disease, 2) Acute Kidney Injury, 3) Chronic Kidney Disease, 4) Conditions Associated with CKD, and 5) Renal Replacement Therapy.

www.wcn2013.org



WORLD
CONGRESS
OF NEPHROLOGY

**WCN
2015**

CAPE TOWN,
MARCH 13-17, 2015

The Future

The next WCN takes place in Cape Town, South Africa from March 13 to 17, 2015. WCN 2015 is hosted by the South African Renal Society (SARS) in partnership with the African Association of Nephrology (AFRAN) and the Renal Care Society of South Africa (RCSSA).

ISN continues to connect science and humanitarian efforts. Through education, ISN is reaching out to global medical communities giving them the knowledge and support to reduce the impact of kidney disease worldwide.

www.wcn2015.org

ISN Nexus Symposia

The Vital Link between Research and Clinical Practice



Through its innovative Nexus symposia, ISN has taken the lead in anticipating the needs of academic and clinical nephrologists worldwide. The essence of the Nexus format is to bridge the gap between “the lab bench and the clinical bedside”. ISN continued its mission to translate basic research findings into best clinical practice and extended nephrology into interrelated disciplines by exploring the connection between bone and the kidney and other areas.

Following overwhelming success at the Nexus Symposium in 2006, ISN focused again on the bone and the kidney as its main theme for its 2012 Nexus, looking at the latest knowledge in physiology, pathophysiology and treatment relating to the disorders of bone and mineral metabolism and cardiovascular disease CKD. The symposium took place from September 20 to 23, 2013 in Copenhagen, Denmark. It convened nearly 600 participants and focused on topics such as bone-kidney axis and vascular calcification; renal and intestinal divalent ion transport; and vascular calcifications in CKD-MBD. Along with groundbreaking topics, the symposium provided participants with the latest basic science and translational aspect in the field and featured novel interactive sessions for young investigators in nephrology.

The Future

The Nexus Symposia continue to be developed by a committee chaired by Kumar Sharma. **The next Nexus Symposium, scheduled for April 3 - 6, 2014 in Bergamo, Italy will be on the New Era of Drug Discovery and Clinical Trials in Kidney Disease.** This exciting symposium will provide cutting-edge lectures on recent advances in drug discovery and clinical trials in kidney disease and bring together scientists in academia and pharma, clinicians and regulators to define new frameworks towards efficient drug discovery and clinical trials in kidney disease. Plenary lectures, basic and clinical scientific sessions, including poster sessions, presenting cutting edge discovery within the field, balanced by translational sessions will signpost future directions, bridge the widening bench to bedside gap and offer solutions and inspiration for research scientists and clinicians alike.

www.isnnexus.org/bergamo



ISN Forefronts Symposia Where Nephrological Science Advances

The Forefronts concept is a long-established part of the ISN educational program, having been initiated in 1984. Since its inaugural symposium, ISN has launched more than 30 Forefronts symposia worldwide which has since evolved into an innovative forum to advance scientific nephrology.

The key concept of the Forefronts Symposia is to enhance nephrology research by bringing together leading researchers from different disciplines working in a specific field to stimulate collaborative projects and working activities. Attendance is limited to a maximum of 150 working scientists in order to allow in-depth coverage of a topic and to provide an intimate environment for an open exchange of ideas.

An additional goal is to stimulate younger scientists by exposing them to cutting-edge research. To facilitate this opportunity the ISN offers travel grants and scholarships.

The ISN Forefronts Symposium on Systems Biology and the Kidney took place in Ann Arbor, USA from June 7 – 10, 2012 bringing together leaders in applied systems biology and early adopters in nephrology to focus on the importance for systems biology approaches in medicine as genome-wide technology platforms generate demands for multilevel, multidimensional analyses to model biological processes.

Tubulointerstitial Disease in Diabetic Nephropathy was the subject of the Forefronts Symposium held in Melbourne, Australia from October 4 to 7, 2012. It is the most common cause of end stage renal disease across almost all countries. In this chronic renal disease, dysfunction and expansion of the cortico-tubulointerstitium of the kidney is the best predictor of progression to end stage renal disease. The program focused on a greater understanding of the pathogenesis of diverse changes that is required to assess relevant targets to prevent or reverse diabetic renal disease.

The Future

The ISN Forefronts Symposia continue to be developed by a committee, chaired by Kai-Uwe Eckardt.

The next ISN Forefronts Symposium will take place in Florence Italy from September 12 to 15, 2013. This symposium on Stem Cells and Kidney Regeneration will provide a greater understanding of the mechanisms that control renal progenitor fate and function which represents a crucial step for translating kidney regeneration into the clinic and initiating the age of regenerative nephrology.

The symposium will focus on the regeneration, renal stem/progenitor cells across evolution, the balance among regeneration and repair, progenitor driven disorders in the kidney, and stem cells in the clinics.

The occasion will bring together researchers with different areas of complimentary expertise to exchange the result of ongoing research projects and discuss latest developments and future perspectives.

www.isnforefronts.org/2013/florence



Disseminating Science, Knowledge and Insights

Over the last two years, ISN publications have continued to be a reference for nephrologists worldwide, both from a scientific and an educational viewpoint. Kidney International (KI) is the Society's flagship journal, competing for the best articles from the nephrology community. KI has gone from strength to strength under the imaginative direction of its Editors-in-Chief, Qais Al-Awqati, succeeded in 2012 by Detlef Schlondorff.

In 2010, the ISN and Nature Publishing Group (NPG) launched KI Supplements, a new publication that has the objective to improve the ability to publish papers from meetings, conferences dealing with subjects of interest to the international community and especially the developing countries, and guidelines of great interest to the nephrology community at large, such as KDIGO. Nature Reviews Nephrology has developed into a highly regarded clinical resource that complements KI.

The ISN has been instrumental in the growth of this journal, and is continuing to provide it to its members. Each member receives print and online access to the Society's official journal, Kidney International, to KI Supplements and online access to Nature Reviews Nephrology - two prestigious sources of the very latest news in research, treatment updates and disease insights. In addition, ISN members receive ISN News, the quarterly member newsletter, ISN e-Update, the monthly e-newsletter, and access to the ISN Nephrology Gateway, the official ISN website.

Kidney International

Kidney International (KI) publishes some of the most cited original articles in nephrology, sharply focused reviews, latest imaging techniques, controversial discussions, meeting reports, news about the role of nephrology in natural disasters, outbreaks of infections and much more under the heading: Nephrology sans Frontières.

KI devotes itself to publishing cutting-edge basic research and clinical investigation encompassing all aspects of nephrology, including renal transplantation and hypertension. Furthermore KI's commentaries aim to inform the renal researcher and the practicing nephrologist on all new aspects of nephrology as published. KI's Impact Factor has continuously risen over the last decade and reached 6,606 in 2012. It is ranked as second amongst over 40 journals publishing original investigation in Nephrology.

KI receives over 1500 manuscript submissions per year, which are submitted to a careful scrutiny by a large editorial team and dedicated reviewers from all over the world. It offers authors the option to publish their articles with immediate open access upon publication. Open access articles are also deposited on PubMed Central at the time of publication and are available for free immediately. Total website page visits to KI continue to increase and have reached over three million for 2012. KI articles were accessed via PubMed on average about 30,641 times per month.



Goals

Enhance the quality and diversity of articles and attract more clinical trial studies.

Expanding the expertise and geographical diversity of Associate Editors with a high degree of international visibility and adding a statistical editorial team has already helped to that end.

Presently KI expands into special areas of nephrology, such as transplant, by assigning an Associate Editor for transplant and inviting reviews from international experts in transplantation. It should be noted, that for 2012 the Impact Factor of KI exceeds for the first time that of the American Journal of Transplantation, the highest ranked transplant journal.

The editorial team, together with NPG, also made efforts towards attracting more clinical trial studies. KI created a rapid submission line for clinical trial studies encouraging authors to use this "hot line".

The editorial team has introduced the deployment of themes on the KI and ISN websites such as:

- Focus on Clinical Nephrology
- Focus on Basic Research
- Focus on Renal Transplantation

Each focus lists and includes free access to the most pertinent articles on the theme published in KI during the last five years. As of January 1, 2013 KI has gone to a one issue a month publication schedule. The increased number of articles per issue allows the introduction of a fixed module of sub-headings by areas of nephrology in the table of content, including: In this Issue; Journal Club; Editorials; Commentaries; Basic Research; Clinical Investigation; Technical Notes; Reviews; Conference Reports; Summary and Comments of KDIGO Guidelines; Nephrology sans Frontières; Policy Forum; Images in Nephrology; Make your Diagnosis; Nephrology Crosswords; Letters to the Editor. This further enhances the attractiveness and convenience for readers of the journal.

Open Access Journal

The ISN together with NPG will develop an open access journal for January 2014. The Open Access Journal will publish mostly articles related to clinical nephrology with facilitated access for members of the ISN and developing world.



ISN Education

Following the recommendations of an ISN taskforce on education, a web-based resource called *ISN Education*, was added to the ISN website in mid-2012. The primary target audience of *ISN Education* includes nephrologists and nephrology trainees in both the developing and the developed world. However, visitors to the website are not just limited to ISN members and include a much broader group of individuals interested in treating patients with kidney disease.

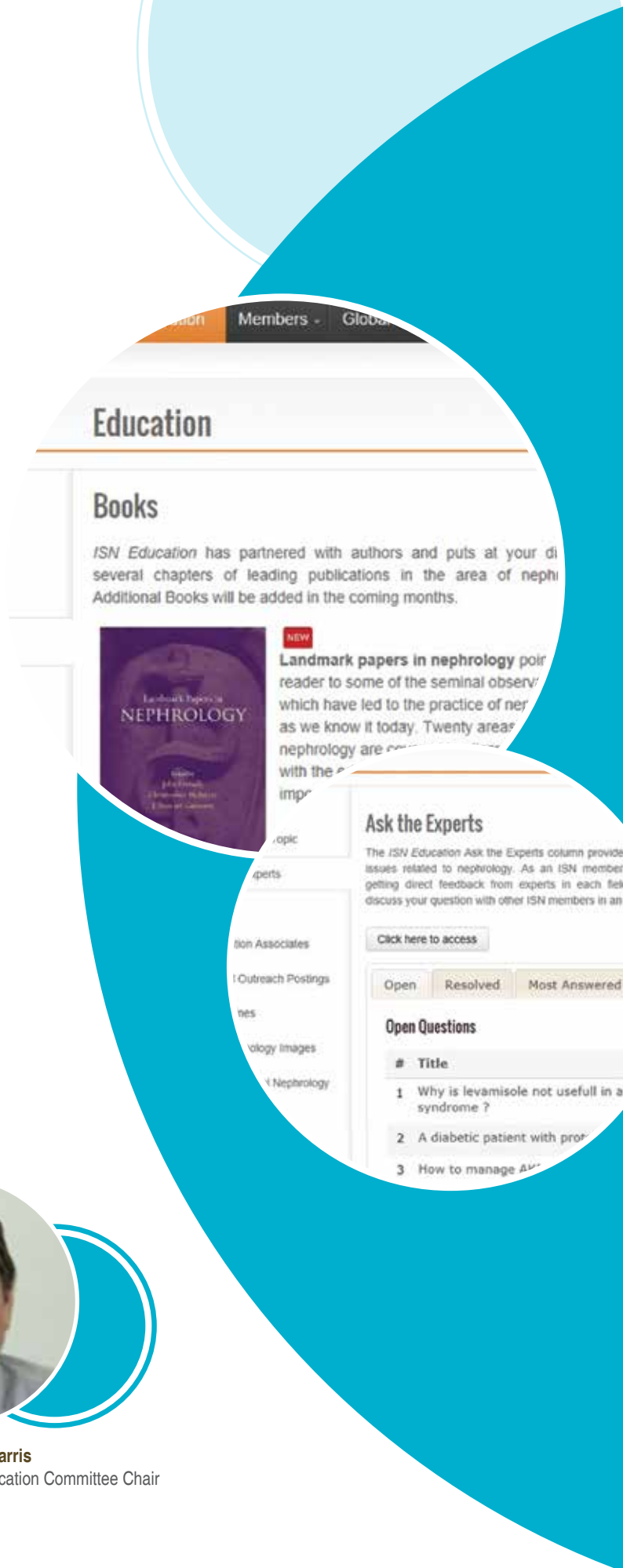
The development of *ISN Education* was masterminded by ISN Publications Chair, David Harris. Tushar Vachharajani was appointed as Editor of *ISN Education* in December 2012 and joins Ariane Brusselmans, the Manager of ISN's education program and Jordan Weinstein who is responsible for much of the behind-the-scenes technical expertise, to provide day-to-day management of the website. They are supported by a sub-committee and by a wide group of contributors.

The content of *ISN Education* is constantly evolving so that it is regarded highly as an up-to-date repository and the place to go for educational materials in nephrology. ISN has partnered with a number of supporting organizations to enhance the appeal and volume of its content; these organizations include KDIGO, DOPPS, Cochrane Collaboration and a number of nephrological groups. Much of the material on *ISN Education* is obtained from members and leaders of ISN, and from ISN's topical committees and other special interest groups.



By clicking on **<Education>** at the top of the ISN website (www.theisn.org) you will immediately see the comprehensive range of educational resources. Resources are grouped and can be searched by topic. The next section is **<Ask the Expert>** which is open to all visitors to the website to ask questions of a large panel of ISN members and leaders with particular expertise. **<Books>** includes selected chapters from new nephrological textbooks. A small committee helps nephrologists from emerging countries publish in **<Global Outreach Postings>** original articles that are in line with ISN's mission and of interest to readers from around the world. The **<Guidelines>** section reproduces important international nephrological guidelines from organizations such as KDIGO and ISPD, with accompanying commentaries from experts. Some guidelines are available in several languages. **<Histopathology Images>** includes an enlarging collection of high-resolution histopathology images of native and transplant kidney diseases. A collection of videos of nephrological interventions and procedures can be found by clicking on **<Interventional Nephrology>**. Selected articles from *Kidney International* are presented in **<KI Editor's Picks>**, some of these also in Chinese and Japanese. Under **<Meetings>** there is a broad selection of presentations and talks from various ISN events and other meetings organized by ISN members. Following recent success with live presentation of talks from one of these meetings, there will be an increasing number of live and interactive on-line presentations in the future. The **<Web Directory>** consists of a handpicked selection of important nephrology resources.

The scope of material presented on *ISN Education* is being broadened in response to feedback from website visitors. New topics and new features will be added continuously with the aim of keeping the website contemporary, vibrant and interactive.



David Harris
ISN Education Committee Chair



A brand new website and ISN takes on social media

The last two years have seen ISN step up its online presence with a new ISN Gateway and increased social media visibility. ISN launched its new and more user-friendly website in April 2011. The aim was to provide a better web-based experience for its members showcasing its efforts in advancing nephrology worldwide and providing a platform for members and non-members to access relevant information. The new Gateway now showcases ISN's mission and humanitarian efforts, giving ISN members easy access to:

- Kidney International and Nature Reviews Nephrology online content
- News and updates
- Global Outreach (GO) programs
- Event calendars
- Members directory, profiles and renewals
- Applications to ISN programs and grants

It has also become the location for *ISN Education*, where the latest hand-picked nephrology resources and discussions are available for use and comment.



Now with over 2,400 likes, the ISN Facebook page was launched in 2012 and has become an interactive platform for the Society's communication. It is the place to go to check out the latest photos taken at ISN events and workshops as well as ISN GO Programs. It has now become ISN's ways to connect the world, sharing stories, initiatives and ideas on fighting kidney disease. Head to Facebook now to find out more. For more information, visit: www.theisn.org.



Members Make a Difference

ISN members work in collaboration with other nephrologists and help advance kidney care around the world. In addition, members receive many valuable benefits that significantly help them personally and professionally. They experience and support the ISN activities that contribute to improving the conditions and outcomes of people living with kidney disease. They learn more about new and diverse cultures and health care systems, giving them a better understanding of worldwide nephrology issues. And, by taking part in capacity-building programs, ISN members develop and contribute to renal knowledge within local communities and enhance their scientific knowledge through the diverse ISN education activities.

Being part of ISN is not just about what members receive as part of their membership but also what they give. Members' involvement contributes to the Society's philanthropic and humanitarian activities, which greatly influence kidney disease diagnosis and treatment globally.

Membership Benefits

Depending on the membership category, ISN members receive:

- Access to leading scientific journals in nephrology such as *Kidney International* and *Nature Reviews Nephrology*
- Reduced rates at world-renowned events including ISN World Congress of Nephrology, ISN Nexus Symposium and ISN Forefronts Symposium
- Access to ISN educational and collaborative resources including ISN Education and the ISN Member Directory
- Eligibility for ISN capacity-building programs through the Global Outreach (GO) Programs and society committees
- Access to society news and nephrology updates through ISN News, ISN e-Update, ISN Gateway and ISN Social Media

Membership Categories and Fees

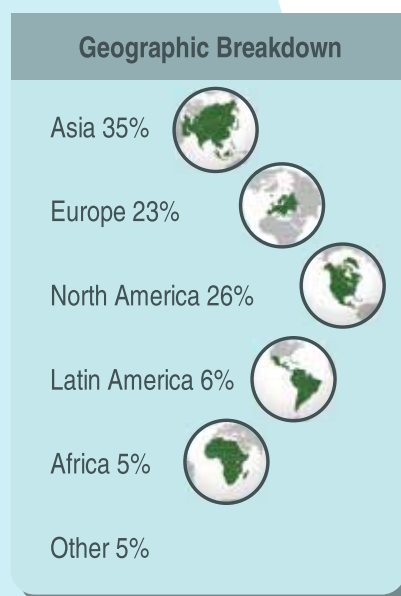
ISN offers five main membership categories. These include:

- **Individual Member** - For any physician or scientist who has manifested a scientific or clinical interest in nephrology.
- **Member in Training** – For trainees in nephrology aged 37 and younger.
- **Associate Member** – For renal health professionals such as dietitians, nurses, pharmacists, social workers, and technicians.

- **Joint Member** – For individuals from developing countries enjoying a group membership.
- **Collective Member** – For nephrology societies who sign up their members collectively.

Membership Breakdown

With about 10,000 members from 130 countries, ISN represents a wide international network across practice and activity areas.



Primary Practice (multiple answers)

Teaching Hospital	57%
Government Hospital	33%
Dialysis Clinic	18%
Private Hospital	15%
Other	12%

Area of Activity (multiple answers)

Clinical Practitioner	71%
Clinical Researcher	37%
Teacher/Educator	29%
Basic Researcher	13%
Administrator	9%
Other	13%

Report from the Treasurer

From a financial perspective, ISN has emerged in good shape from another two years of very turbulent global economic conditions, and successfully adapted to an ever-changing situation by reducing its operating costs and expanding its funding partners base.

The first year of self-management

After completing in 2009 a successful transition to another management company (Interel/DMG in Brussels and Reston, Virginia), we followed up on the decision by the ISN Executive Committee to switch to a self-managed model as of 1st January 2012. A Foundation was set up to manage the Brussels operations and is closely controlled by the US-based founding organization. This move has had important financial consequences: we have gained improved control of expenses, and now have the ability to start large-scale fundraising in Europe and worldwide. All ISN operations, including the membership database and the accounting system, are now much more integrated and have become more cost-effective, as they are fine-tuned to the Society's needs.

The first benefits of this move are already evident after the first year of self-management operation: the overall cost for running the Society, delivering Global Outreach programs and developing membership benefits have decreased by 11%, even considering setup costs. On top of this, the ISN team has grown to 14.1 Full Time Equivalents (FTEs) and a range of new programs and activities have been launched thanks to this enhanced capacity.

Revenues

2011 saw a very successful World Congress in partnership with the Canadian Society of Nephrology, which has provided ISN members with a unique mix of scientific value and exposure to global nephrology issues, whilst ensuring a profitable margin to ISN finances. Membership revenues have remained constant, as well as royalties from Kidney International. A consistent decline in advertising and sponsorship has been the strongest effect of the global economic situation in the past two years. All in all, I am happy to report that the ISN has weathered the ever-changing conditions better than most corporations and not-for-profit

organizations. There have been few visible effects on the running of the Society, and more importantly, no impact on our ability to deliver the ISN Global Outreach (GO) programs as effectively as ever. ISN investments are continuing to provide a welcome yield which complements membership, publications and the WCN as the main sources of revenue. The last two years have seen an enhanced effort in soliciting direct funding of ISN humanitarian programs from corporations and foundations, and ISN now has an effective set of well-packaged offerings which should raise interest in the coming years.

Expenses

Apart from the already mentioned setup costs to allow for the switch to self-management, the main expense items for ISN have remained Global Outreach programs, running editorial offices and delivering membership benefits, and the European and US operations. A lot is being done to streamline operations by using the most advanced tools and technology, particularly to automate repetitive operations and to allow more self-service for members and program users.

The future

In summary, I am pleased to say that ISN has sustained its financial operations reasonably well during my tenure as Treasurer. I also have to announce that, effective mid-2013, I will hand over the Treasurer's responsibilities to Dr. Thomas Coffman, from Duke University (USA), who I am sure, with the support of the ISN staff will continue to manage ISN's finances in the most effective way.



Victor Schuster

Victor Schuster
ISN Treasurer



A Message from the Incoming President

When I first became involved - under the leadership of Barry Brenner, Bob Schrier, and John Dirks - with the initiatives of ISN to promote kidney health in developing countries, I could not have dreamt that someday I would be called to give an ISN presidential address. Thanks to the exemplary efforts of my predecessors and the immediate past president, John Feehally, ISN is a strong and healthy organization. In the last two years John's leadership has provided a level of continuity, security, creativity and sheer professionalism that is hard to overstate.

It is just a challenge in itself to maintain the number and variety of initiatives that ISN has undertaken to pursue kidney health equality worldwide, like the Fellowship program, Continuing Medical Education courses, the Renal Disaster Relief Task Force and the Educational Ambassador program, just to name a few among many other exciting initiatives to promote education and research in nephrology worldwide.

However, newer and possibly greater tasks are to be assumed if we wish to face the challenge of global health equity. **ISN has 10,000 professional members, and it closely collaborates with over 70 national and regional nephrology societies worldwide, representing about 20,000 professionals:** let's imagine multiplying the efforts to reach them all and have each of them involved even in a small but significant action.

Richard Horton wrote some time ago: "Doctors can no longer remain silent about their work, leaving advocacy to a small group of medical politicians. Doctors cannot assume that they have either the trust of the public or the support of governments unless they are willing to take part in the public debate about what kind of society they want for the sick and impoverished."

From where should we be starting?

It is often felt that kidney diseases are not attracting the interest of large public and private funding organizations as much as other major health scourges such as malaria, AIDS, or cardiovascular diseases and diabetes. Those who have an interest in global health

should realize that impaired fetal and early childhood development contribute to kidney disease later in life. ISN may consider launching a Mother and Child Health Promotion program aiming to approach kidney diseases – especially in poor countries - from the radical perspective that renal failure starts in utero. This will certainly attract attention from funding agencies and private donors.

A major need is also the development and diffusion of information technology, a unique opportunity for making a major impact in health care delivery in developing countries. There is a wide range of potential applications of informatics that makes it quite attractive and feasible for electronic patient registration and data exchange, telemedicine, decision-support systems, and educational programs. There are already several examples of the use of information technology in kidney disease care in developing countries, which have proved to be effective even in apparently difficult environments. Encouraging diffusion of informatics requires the participation of companies around the world, especially from rapidly growing economies, that are leaders in this field.

The challenges posed by acute kidney injury in high-income countries are different from those in low-income countries, that are present within the framework of limited resources for diagnosis, late or no referral to nephrology services and lack of access to renal replacement therapy. It seems a moral imperative to address the issue of people, mostly young people, in today's world who are still dying from potentially treatable acute kidney injury. Prevention and treatment of acute kidney injury should be considered instead a human right as the treatment of AIDS. In this context I would like to launch a new initiative that might be followed by others. My own will be "0 by 25". ISN may advocate that 0 people should die of untreated acute kidney injury in the poorest parts of Africa, Asia and South America by 2025. I am well aware that this initiative requires leadership by ministries of health, as well as robust governance systems to implement any decision. We can also build on the ground of the collaboration with the World Health Organization that we have developed during the last years.

It is clear that one cannot accomplish all of the above within two years of a presidential term, but I would be happy to devote my time and energy to get at least some of them off the ground and to pave the way for possible implementation of these measures in ISN add's strategy in years to come.



A handwritten signature in black ink, appearing to read "Giuseppe Remuzzi".

Giuseppe Remuzzi
ISN President (2013-2015)

The ISN Leadership and Committee Members

On behalf of the global renal community, the ISN extends its thanks to its leaders for their foresight, dedication and commitment to advancing nephrology around the world, and also to the ISN Committee Members who ensure the success of all the Society's most prominent programs and activities. The ISN Leadership and Committee Members are made up of volunteers selected from the membership and charged with the responsibility of "leading" the Society and "overseeing" its activities.

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Leading through Collaboration and Alliances

The Society's vision of reducing the incidence and impact of kidney disease worldwide has led to the active expansion and development of strategic partnerships and collaborations.

Affiliated Societies

To establish a more effective network among renal organizations around the world, ISN has sought to establish and intensify its relationships with national and regional renal societies by creating formal affiliations. Today, ISN collaborates with 76 national and regional nephrology societies around the world, representing about 20,000 professionals.

African Association of Nephrology
Albanian Society of Nephrology
American Society of Nephrology
Arab Society of Nephrology & Renal Transplantation
Argentina Society of Nephrology
Asian Pacific Society of Nephrology
Association for Nephrology, Dialysis and Transplantation of Bosnia and Herzegovina
Australian and New Zealand Society Of Nephrology
Austrian Society of Nephrology
Bangladesh Renal Association
Belgian Society of Nephrology
Brazilian Society of Nephrology
British Association of Pediatric Nephrology
Bulgarian Society of Nephrology
Canadian Society of Nephrology
Chile Society of Nephrology
Chinese Society of Nephrology
Colombian Society of Nephrology
Costa Rican Society of Nephrology
Croatian Society of Nephrology, Dialysis & Transplantation
Cuban Society of Nephrology
Danish Society of Nephrology
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Egyptian Society of Nephrology
Estonian Society of Nephrology
French Society of Nephrology
German Society of Nephrology
Guatemalan Society of Nephrology
Hellenic Society of Nephrology
Hong Kong Society of Nephrology
Hungarian Society of Nephrology

Indian Society of Nephrology
Indonesian Society of Nephrology
Iranian Society of Nephrology
Iraqi Society of Nephrology
Irish Kidney Association
Irish Nephrology Society
Israel Society of Nephrology and Hypertension
Italian Society of Nephrology
Japanese Society of Nephrology
Korean Society of Nephrology
Latin-American Society of Nephrology and Hypertension
Latvian Association of Nephrology
Lebanese Society of Nephrology & Hypertension
Macedonian Society of Nephrology, Dialysis,
Malaysian Society of Nephrology
Mexican Institute for Nephrological Research
Mongolian Society of Nephrology and Urology
Moroccan Society of Nephrology
Nephrology Society of Thailand
Nigerian Association of Nephrology
Norwegian Society of Nephrology
Pakistan Society of Nephrology and Urology
Panama Society of Nephrology
Paraguayan Society of Nephrology
Peruvian Society of Nephrology
Philippine Society of Nephrology
Polish Society of Nephrology
Portuguese Society of Nephrology
Puerto Rican Society of Nephrology and Hypertension
Renal Association
Romanian Society of Nephrology
Russian Dialysis Society
Saudi Society of Nephrology
Singapore Society of Nephrology
Slovenian Society of Nephrology
South African Renal Society
Spanish Society of Nephrology-Cantabria
Swedish Society of Nephrology
Swiss Society of Nephrology
Taiwan, China Society of Nephrology
Tunisian Society of Nephrology
Turkish Society of Nephrology
Uruguayan Society of Nephrology
Venezuelan Society of Nephrology

ISN Partners and Support

As one of the leading organizations in providing access to nephrology education and training around the world, ISN cherishes partnerships with non-commercial and commercial entities to deliver its important healthcare mission. ISN's many programs and activities offer countless possibilities for interested partners to collaborate with the Society. Specific opportunities are available via ISN's Publications, Meetings, Capacity Building Programs as well as many others.

Why Partner with ISN?

- **Thought Leaders and Decision Makers around the World:** ISN members are the principal authorities in both basic science and clinical medicine. They are also on the forefront of treating conditions associated with kidney disease such as hypertension and diabetes.
- **Highest Level of Science:** ISN represents the leaders in the field and ISN programs and activities constantly reflect this highest level of science. ISN programs are innovative and focus on providing the participants with the tools to meet their needs.
- **Global Healthcare Mission:** ISN members lead the fight for more effective treatments and recommend new global directions to combat the pending epidemic of non-communicable cardiovascular, diabetic and renal diseases.
- **Building Capacity and Creating Health Equality around the world:** ISN's programs span the globe and contribute specifically to spread knowledge and help bring access to much needed information, education and clinical care to parts of the world where they are most needed.
- **Making a Difference:** ISN's philanthropic and humanitarian work transforms the lives of people worldwide.

Partnership Opportunities

As one of the leading organizations in providing access to nephrology education and training around the world, ISN welcomes partnerships with non-commercial and commercial entities which share its goals and values. By working together with the ISN, you can directly participate in advancing nephrology worldwide for the benefit of all.

For more information on partnership opportunities, how to support the ISN and donations to the ISN, please contact the ISN.

Donations

Thanks to the generosity of Robert W. Schrier and his family, the ISN Barbara and Robert W. Schrier Fund was established in June 2005. The endowment is used to provide invaluable training and education to nephrologists from developing countries.

The ISN would like to recognize the following donors for their outstanding financial support and thank the many ISN members who have donated to the ISN over the past years.

Amgen Inc.
Derek and Cecily Schrier
Dipak Patel
Otsuka
Robert W. and Barbara Schrier
Salmasi Family

Corporate Members

The ISN wishes to express its gratitude to its industry members who have generously supported the Society and have engaged in and/or contributed to its activities over the past two years. Without their continued support many of the essential educational and outreach programs and initiatives would not be possible. ISN corporate members include:

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Rik Bollaert, Business Development Director
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World Kidney Day

Julie Cooper, Project Director
Sara Martin, Campaign Manager

In addition to the ISN Global Team, the ISN would like to recognize the following individuals who have played a critical role in the organization of many of the Society's key programs:

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CME Program

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